

1.) CORPORATION NAME:

**NTELOS Inc.**

DUE DATE: **1/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER**

**JAMES A. HYDE**

**401 SPRING LANE, SUITE 300**

**PO BOX 1990**

SCC ID NO: **03156387**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

**WAYNESBORO, VA 22980**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**WAYNESBORO CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1154 SHENANDOAH VILLAGE DRIVE

CITY/ST/ZIP: WAYNESBORO, VA 22980-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JAMES A HYDE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CEO		
ADDRESS:	1154 SHENANDOAH VILLAGE DRIVE		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980-		
NAME:	BRIAN J. O'NEIL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP, GEN.COUN		
ADDRESS:	1154 SHENANDOAH VILLAGE DRIVE		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980-		
NAME:	STEBBINS B. CHANDOR, JR.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP, CFO, TRESA		
ADDRESS:	1154 SHENANDOAH VILLAGE DRIVE		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980-		
NAME:	CONRAD D HUNTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EVP/COO		
ADDRESS:	1154 SHENANDOAH VILLAGE DRIVE		
CITY/ST/ZIP/CO:	WAYNESBORO, VA 22980-		
NAME:	TIMOTHY BILTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1989 CARMEL ROAD		
CITY/ST/ZIP/CO:	CHARLOTTE, NC 28226-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODNEY DIR DIRECTOR 1064 GREENWOOD BLVD. SUITE 200 LAKE MARY, FL 32746-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY V. ELLIOTT DIRECTOR 97 FIVE MILE RIVER ROAD DARIEN, CT 06820-6233	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL HENEGHAN DIRECTOR 24 NEW DAWN IRVINE, CA 92620-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. CRAIG HIGHLAND DIRECTOR 1154 SHENANDOAH VILLAGE DRIVE WAYNESBORO, VA 22980-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL HUBER DIRECTOR 14TH FLOOR 375 PARK AVENUE NEW YORK, NY 10152-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN G. FELSHER DIRECTOR 14TH FLOOR 375 PARK AVENUE NEW YORK, NY 10152-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN O'CONNOR VOS DIRECTOR 114 FIFTH AVENUE 8TH FLOOR NEW YORK, NY 10011-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT L. MCAVOY SR VP Eng & Ops 1154 SHENANDOAH VILLAGE DRIVE WAYNESBORO, VA 22980-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRIAN J. O'NEIL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	BRIAN J. O'NEIL, SR VP, <u>GEN.COUN</u> PRINTED NAME AND CORPORATE TITLE	1/25/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			